

EXHIBIT 2

MEDICAL X-RAY CENTER, PC.
1417 S MINNESOTA AVE
SIOUX FALLS SD 57105-1715

1 - 4160

ADDRESS SERVICE REQUESTED

CHAD NOVAK
5101 S MCARTHUR LN
SIOUX FALLS SD 57108

IF PAYING BY CREDIT CARD PLEASE FILL OUT BELOW.

<input checked="" type="checkbox"/> MASTERCARD	<input type="checkbox"/> VISA	<input type="checkbox"/> AMERICAN EXPRESS
CARD NUMBER		AMOUNT
SIGNATURE		EXP. DATE
STATEMENT DATE 04/21/04	ACCT.# 00102-2141296	PAY THIS AMOUNT 464.75

PAGE 1

SHOW AMOUNT
PAID HERE \$

REMIT TO:

MEDICAL X-RAY CENTER, PC.
1417 S MINNESOTA AVE
SIOUX FALLS SD 57105-1715

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☐ Check box if address is incorrect or insurance information has changed.
Please indicate changes on reverse side.

RETAIN THIS PORTION OF STATEMENT FOR YOUR TAX RECORDS

DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

ACCOUNT NO.	STATEMENT DATE	PATIENT	DATE OF BIRTH	SOCIAL SECURITY NO.
00102-2141296	04/21/04	CHAD NOVAK		

DATE	DESCRIPTION	EXAM	DX CODE	CHARGES	PAYMENTS	ADJUST'S	BALANCE
10/20/03	SPINE SINGLE VI	720203	26 724.2	27.00			
12/29/03	Pmt-SIOUX VALLEY HEALTH PLAN				-9.80		
12/29/03	Adj-PRIVATE INSURANCE ADJUSTME					-17.20	
02/09/04	Pmt-SIOUX VALLEY HEALTH PLAN				9.80		
02/09/04	Adj-PRIVATE INSURANCE ADJUSTME					17.20	27.00
10/20/03	SPINE SINGLE VI	720203	26 724.2	27.00			
12/29/03	Pmt-SIOUX VALLEY HEALTH PLAN				-9.80		
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12/29/03	Adj-PRIVATE INSURANCE ADJUSTME					-17.20	
02/09/04	Pmt-SIOUX VALLEY HEALTH PLAN				9.80		
02/09/04	Adj-PRIVATE INSURANCE ADJUSTME					17.20	27.00
04/07/04	MRI L. SPINE, W	072158	26 722.8	383.75			27.00 383.75

CHARGES	PAYMENTS	ADJUST'S	BALANCE DUE
TOTALS	464.75	.00	.00 464.75

MEDICAL X-RAY CENTER, P.C.
1417 S MINNESOTA
SIOUX FALLS SD 57105

TAX ID:
FOR INQUIRIES,
CALL (605) 336-0517. 1-800-473-0271

EMPLOYER: SHOWPLACE WOOD PRODU
INSURANCE ID #: GROUP #:
REFERRING PHYSICIAN: ALVINE, G
PLACE OF SERVICE: SIOUX VALLEY HOSPITAL

YOUR INSURANCE HAS BEEN BILLED AS A COURTESY.
YOU ARE STILL RESPONSIBLE FOR PAYMENT.